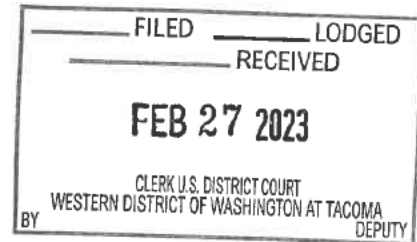


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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

Tiffany Recinos

CASE NO. 3:23-CV-05155-RJB
[to be filled in by Clerk's Office]

COMPLAINT FOR EMPLOYMENT
DISCRIMINATION

Plaintiff(s),

Jury Trial: ☐ Yes ☐ No

v.

Concerto Healthcare

Defendant(s).

I. THE PARTIES TO THIS COMPLAINT

A. Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Tiffany Recinos

Street Address

19212 705th St E.

City and County

Orting, Pierce County

State and Zip Code

WA, 98360

Telephone Number

(360) 932-6316

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B. Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name

Concerto Healthcare

Job or Title (if known)

Nurse Care Manager

Street Address

1412 SW 43rd St #315

City and County

Bepton

State and Zip Code

WA 98057

Telephone Number

(425) 272-4600

Defendant No. 2

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

Defendant No. 3

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

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Defendant No. 4

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name

Street Address

City and County

State and Zip Code

Telephone Number

Concerto Healthcare
 1412 SW 43rd St # 315
 Renton
 WA, 98057
 (425) 272-4600

II. BASIS FOR JURISDICTION

This action is brought for discrimination in employment pursuant to (check all that apply):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

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☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☒ Other federal law (specify the federal law):

Rehabilitation Act of 1973

☐ Relevant state law (specify, if known):

☐ Relevant city or county law (specify, if known):

III. STATEMENT OF CLAIM

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Concerto terminated my employment ^{in 2019} without just cause. I had 3 car accidents + major eye surgery (retinal detachment/stroke) while employed for this year 2018-2019 and they considered me a

A. The discriminatory conduct of which I complain in this action includes (check all that apply): Volatility

☒ Failure to hire me.

☒ Termination of my employment.

☒ Failure to promote me.

☒ Failure to accommodate my disability.

☒ Unequal terms and conditions of my employment.

☒ Retaliation.

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☐ Other acts (specify): _____

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

2019 no settlement offer ever given to plaintiff.

C. I believe that defendant(s) (check one):

☒ is/are still committing these acts against me.

☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

☐ race

☐ color

☐ gender/sex

☐ religion

☐ national origin

☐ age (year of birth) (only when asserting a claim of age discrimination.)

☒ disability or perceived disability (specify disability)

E. The facts of my case are as follows. Attach additional pages if needed.

I filed complaint with EEOC then could not secure a lawyer. I called EEOC for help with legal representation and no one helped me.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

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IV. EXHAUSTION OF FEDERAL ADMINISTRATIVE REMEDIES

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

2019 for reemployment which never happened. I was fired with no pay and screamed at in front of coworkers.

B. The Equal Employment Opportunity Commission (check one):

☐ has not issued a Notice of Right to Sue letter.

☒ issued a Notice of Right to Sue letter, which I received on (date)

2020 - No settlement received.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☒ 60 days or more have elapsed.

☐ less than 60 days have elapsed.

V. RELIEF

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I want back pay from termination date March 2019 until now and a good reference for future employers. And settlement offer

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VI. CERTIFICATION AND CLOSING

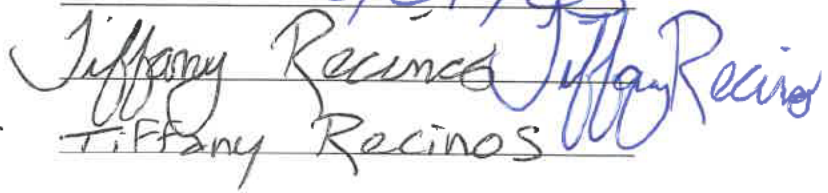
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

02/27/23

Signature of Plaintiff



Printed Name of Plaintiff

Tiffany Recinos

Date of signing:

Signature of Plaintiff

Printed Name of Plaintiff

Date of signing:

Signature of Plaintiff

Printed Name of Plaintiff

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2022**

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name TIFFANY D RECINOS		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2022 \$20,379.30	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$20,379.30
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$20,379.30 Medicare Part B premiums deducted from your benefits \$510.30 Total Additions \$20,889.60 SUBTRACT Non-Taxable payments \$510.30 Total Subtractions \$510.30 Benefits for 2022 \$20,379.30		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address TIFFANY D RECINOS 19212 205TH ST E ORTING WA 98360-9355
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]

Form SSA-1099-SM (1-2023)

DO NOT RETURN THIS FORM TO SSA OR IRS

IMPORTANT: TAX INFORMATION ENCLOSED
 KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

SCAM ALERT

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. HANG UP!
2. DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!
3. REPORT THE SCAM AT [OIG.SSA.GOV](https://www.oig.ssa.gov)

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2022**

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 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name CR		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2022 \$5,095.00	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$5,095.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$5,095.00 Benefits for 2022 \$5,095.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
Box 6. Voluntary Federal Income Tax Withheld NONE		
Box 7. Address TIFFANY RECINOS FOR CONNOR E RECINOS 19212 205TH ST E ORTING WA 98360-9355		
Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]		

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FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2022**

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name MASON J RECINOS MR		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2022 \$5,095.00	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$5,095.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$5,095.00 Benefits for 2022 \$5,095.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address TIFFANY RECINOS FOR MASON J RECINOS 19212 205TH ST E ORTING WA 98360-9355
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]

Form SSA-1099-SM (1-2023)

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